

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/532808
APPLICANT(S)

FILING DATE

4-28-05

CLAIMS

4-28-05

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6		/	/	/		
7		/	/	/		
8		/	/	/		
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11		/	/	/		
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13		/	/	/		
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44		/		/		
45		/		/		
46		/		/		
47		/		/		
48	/		/	/		
49		/	/	/		
50		/	/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53	/	/	/	/		
54		/	/	/		
55		/	/	/		
56	/	/	/	/		
57		/	/	/		
58	/	/	/	/		
59		/	/	/		
60		/	/	/		
61	2	/	2	/		
62	2	/	2	/		
63	2	/	2	/		
64	2	/	2	/		
65	2	/	2	/		
66	2	/	2	/		
67	2	/	2	/		
68	2	/	2	/		
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96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	88	←	66	←		←
TOTAL CLAIMS	90		68			